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ABSTRACT

Because of the diversity, range, and combination of disabilities at the Center for Multiple-Handicapped Children, operated under the auspices of the New York City Board of Education, a unique instrument was needed for assessing functional levels, setting goals, and charting progress of handicapped children in special education facilities, regular schools, and institutional settings. The major functional areas brought into play in a child's daily life were defined and the following categories were delineated as parts of the Individual Pupil Profile (IPP): (1) Intellectual Functioning, (2) Academic Achievement, (3) Perceptual-Motor Skills, (4) Physical Functioning and Self-Help Skills, (5) Communication, and (6) Social-Emotional Development. Building on existing studies, and by consulting with area specialists, rating scales were devised in areas where existing measures were inadequate. Specifically, scales were constructed to assess achievement, communication, and social-emotional development. For the areas of intellectual functioning, perceptual-motor skills, and physical functioning, pre-existing tests were modified and incorporated into the overall structure. The IPP designed to (1) help to focus each professional involved on the specifics of the child's behavior and function, (2) encourage group thinking and lead to a comprehensive diagnostic picture, and (3) establish current levels of functioning and lend itself to both ongoing assessment of progress and to prescriptive teaching. Both the instrument and manual are included here. (RC)

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ED128288

THE INDIVIDUAL PUPIL PROFILE

Constructed by

ANNE POTTER

STEVEN BERMAN

Published by

CENTER for
MULTIPLE-HANDICAPPED
CHILDREN

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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Areas of Assessment

I. Intellectual Functioning

II. Perceptual-Motor Skills

III. Academic Achievement

IV. Communication

V. Physical Functioning and Self-Help Skills

VI. Social-Emotional Development

TM005 523

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IDENTIFYING DATA

Name _____ Date of Admission _____

Date of Birth _____ Date of Transfer _____

Address _____ Telephone _____

New Address _____ Telephone _____

Initial Conf. Date _____

Primary Diagnosis

Other Medical Findings

Associated Disabilities

Vision

Hearing

Appliances

Medication

Previous Schooling

Dates

Diagnostic Reassessment

Conference Date:

INDIVIDUAL PUPIL PROFILE

Name _____

Date _____

SUMMARY STATEMENT

HISTORY AND CURRENT HOME SITUATION

INDIVIDUAL PUPIL PROFILE

Name _____

RECOMMENDATIONS:

DATE	PROGRAM RECOMMENDATIONS	DATE	PROGRESS NOTES
	1. Intellectual Achievement		
	2. Perceptual-Motor Skills		
	3. Medical, Physical Functioning and Self-Help Skills		
	4. Communication		
	5. Social-Emotional Development		
	6. Recommended School Placement		

INDIVIDUAL PUPIL PROFILE

Name _____

I. INTELLECTUAL FUNCTIONING

Name of Test	Date Given	C.A.	Scores	Comments

Previous Testing
(Other Agencies)

INDIVIDUAL PUPIL PROFILE

Name _____

II. PERCEPTUAL MOTOR SKILLS

Name of Test	Date Given	C.A.	Age-Level	Comments
Geometric Designs (WPPSI)				
Bender Gestalt (scored according to Koppitz)				

SUPPLEMENTARY PSYCHOLOGICAL TESTING

Name of Test	Date Given	C.A.	Scores	Comments

INDIVIDUAL PUPIL PROFILE

Name _____

III. ACADEMIC ACHIEVEMENT

Name of Test	Date Given	C.A.	Scores	Comments
CMHC Scales*				
1. Writing				
2. Reading				
3. Number Concept				
4. Time Concept				
1. Writing				
2. Reading				
3. Number Concept				
4. Time Concept				
Other Achievement Tests				

*All CMHC Scales are scored from 0(low) to 10(high)
For corresponding age and grade levels see
Appendix B.

INDIVIDUAL PUPIL PROFILE

NAME _____

CMHC SCALE – ACHIEVEMENT*
(Check all items which apply. Add comments.)

DATES: ___ ___ ___ ___

WRITING

0	0	0	0	0. No ability to hold pencil or crayon.
0	0	0	0	1. Scribbles.
0	0	0	0	2. Can copy vertical line or circle.
0	0	0	0	3. Can copy two letters.
0	0	0	0	4. Can copy name.
0	0	0	0	5. Recognizably writes first name (without model-correct spelling)
0	0	0	0	6. Can copy short words.
0	0	0	0	7. Writes at least three words (without model-correct spelling)
0	0	0	0	8. Writes at least ten words (without model-correct spelling)
0	0	0	0	9. Meaningfully combines two or more words.
0	0	0	0	10. Writes two or more related sentences.

(Score–total number checked)

DATES: ___ ___ ___ ___

READING

0	0	0	0	0. Cannot recognize or identify simple concrete pictures (e.g., boy)
0	0	0	0	1. Can recognize and identify simple concrete pictures (e.g., boy)
0	0	0	0	2. Able to interpret simple action in pictures
0	0	0	0	3. Matches basic shapes
0	0	0	0	4. Matches letters
0	0	0	0	5. Matches short words
0	0	0	0	6. Names at least 10 letters
0	0	0	0	7. Can identify 10 or more words
0	0	0	0	8. Reads primer stories
0	0	0	0	9. Has sight vocabulary of at least 25 words
0	0	0	0	10. Reads books middle 2nd grade level to upper 2nd grade level

(Score–total number checked)

*See Appendix A for scale rationale
See Appendix B for corresponding age and grade levels

INDIVIDUAL PUPIL PROFILE NAME _____

CMHC SCALE – ACHIEVEMENT
(Check all items which apply. Add comments.)

NUMBER CONCEPT

DATES:				
—	—	—	—	
0	0	0	0	0. No number concept.
0	0	0	0	1. Has concept of one (gives just one block on request)
0	0	0	0	2. Conceptualizes big and little in comparisons.
0	0	0	0	3. Conceptualizes more versus less in comparisons.
0	0	0	0	4. Counts two objects.
0	0	0	0	5. Counts 5 objects.
0	0	0	0	6. Mentally adds one to a number up to 5.
0	0	0	0	7. Knows number facts in addition through 5.
0	0	0	0	8. Knows number facts in subtraction through 5.
0	0	0	0	9. Knows number facts to 10 in simple addition and subtraction.
0	0	0	0	10. Beginning concept of multiplication (2 x 2 for example)

(Score—total number checked)

TIME CONCEPT

DATES:				
—	—	—	—	
0	0	0	0	0. No concept of time.
0	0	0	0	1. Conceptualizes now versus later.
0	0	0	0	2. Understands concept of day and night.
0	0	0	0	3. Can tell how old he is.
0	0	0	0	4. Conceptualizes today, tomorrow, yesterday.
0	0	0	0	5. Recognizes daily school routines.
0	0	0	0	6. Differentiates week-days from week-ends.
0	0	0	0	7. Names days of the week in order (by rote)
0	0	0	0	8. Tells time in hour units.
0	0	0	0	9. Associates hours of the day with specific activities (e.g., 10:00 time for juice)
0	0	0	0	10. Knows cycle of the week (i.e., which day follows and precedes which)

(Score—total number checked)

INDIVIDUAL PUPIL PROFILE Name _____

IV. COMMUNICATION

[Scores refer to CMHC scales ranging from 0 (low) through 10 (high).]

Test Area	Date / C.A. Scores	Comments	Date / C.A. Scores	Comments
A. RECEPTIVE LANGUAGE				
* 1. Non-Verbal				
2. Verbal				
B. EXPRESSIVE LANGUAGE				
* 1. Non-Verbal				
2. Verbal				
C. MECHANICS OF SPEECH				
1. Intelligibility				
2. Voice				
a) Volume				
b) Quality				
c) Pitch				
d) Inflection				
3. Articulation				
4. Rhythm				
SUMMARY			SUMMARY	

*Omit A-1 and B-1 if child communicates verbally.

INDIVIDUAL PUPIL PROFILE Name _____

CMHC SCALE – COMMUNICATION

(Check highest item which applies. Add Comments.)

RECEPTIVE LANGUAGE – NON-VERBAL

DATE:

—	—	—	—	
0	0	0	0	0. Does not comprehend any non-verbal communication.
0	0	0	0	1. Understands simple gestured commands, (e.g., "sit down").
0	0	0	0	2. Understands simple pantomimed directions, (e.g., "put on your coat").
0	0	0	0	3. Understands pantomimed directions for more complex task, (e.g., "draw a man").
0	0	0	0	4. Able to follow simple gestured conversation, (e.g., "It is a cold day. You need a sweater").
0	0	0	0	5. Able to follow complex gestured conversation, formal sign language and/or lip reading.

(Score – 2X number checked)

RECEPTIVE LANGUAGE – VERBAL

DATE:

—	—	—	—	
0	0	0	0	0. No verbal comprehension.
0	0	0	0	1. Understands simple commands, (e.g., "sit down").
0	0	0	0	2. Understands serial, 2-part directions, (e.g., "Close the door and come here").
0	0	0	0	3. Understands simple conversation (pre-school level).
0	0	0	0	4. Understands "everyday" conversation.
0	0	0	0	5. Understands complex conversation including abstraction and conceptualization.

(Score – 2X number checked)

EXPRESSIVE LANGUAGE – NON-VERBAL

DATE:

—	—	—	—	
0	0	0	0	0. No communication other than to convey displeasure or primitive wants and needs, (e.g., screams or cries when displeased, grabs for what he wants, etc.).
0	0	0	0	1. Indicates needs or emotional reactions by appropriate facial, gestural or vocal responses, (e.g., laughs, grimmaces, takes adult hand and pulls towards door, etc.)
0	0	0	0	2. Uses simple gestures to communicate needs or convey simple activity, (e.g., pantomimes eating when hungry).
0	0	0	0	3. Uses gesture to express preferences and more complex or sequential activity.
0	0	0	0	4. Able to carry on simple "conversation" through gesture, pantomime or beginning sign language.
0	0	0	0	5. Carries on complex conversation through sign-language or writing.

(Score – 2X number checked)

INDIVIDUAL PUPIL PROFILE Name _____

OMNC SCALES – COMMUNICATION
(Check highest item which applies. Add Comments).

EXPRESSIVE LANGUAGE – VERBAL

DATE				
—	—	—	—	
0	0	0	0	0. No or random vocalization (unrelated to emotional tone or meaning).
0	0	0	0	1. Inuicates feelings, needs or moods through vocal expressive noises, (e.g., grunts, laughs, screams).
0	0	0	0	2. Uses some recognizable sound system related to language environment.
0	0	0	0	3. Very limited recognizable single word language, (e.g. "no," "bye-bye," "mama").
0	0	0	0	4. Limited single word vocabulary - concrete objects, (e.g., "ball," "dog," "home," "baby," etc.).
0	0	0	0	5. Appearance of action words and short phrases, (e.g., "go out," "mama home," "Johnnie hungry," etc.).
0	0	0	0	6. Use of connecting and modifying words, (e.g., "want to go home," "big ball," "pretty dress," etc.).
0	0	0	0	7. Use of simple expository speech, (e.g., "I like the dog. Want to take it home.").
0	0	0	0	8. Beginning use of tense and grammatical structure (syntactical language). Communicates adequately, but with paucity of language and frequent syntactical errors.
0	0	0	0	9. Uses conversational speech effectively and generally correctly on simple level.
0	0	0	0	10. Well developed language including ability to convey abstract or complex ideas.

(Score – number checked)

INTELLIGIBILITY

DATE				
—	—	—	—	
0	0	0	0	0. Completely unintelligible.
0	0	0	0	1. Very limited intelligibility - can produce a few recognizable words or sounds.
0	0	0	0	2. Limited intelligibility - severe dysarthria, very poor voice quality, etc.
0	0	0	0	3. Usually intelligible - moderate speech deficits which substantially interfere with intelligibility.
0	0	0	0	4. Intelligible but presenting mild speech problems such as isolated misarticulations, slurring, low volume, etc.
0	0	0	0	5. Intelligible - satisfactory articulation and voice quality.

(Score – 2X number checked)

INDIVIDUAL PUPIL PROFILE

Name _____

V. PHYSICAL FUNCTIONING AND SELF-HELP SKILLS

PHYSICAL FUNCTIONAL STATUS

	Date:	C.A.	Date:	C.A.
A. Gross Motor Skills	Comments		Comments	
1. Mat Activities				
2. Wheelchair Activities				
3. Ambulation Status				
B. Range of Motion				
C. Muscle Strength				

MOTOR DEVELOPMENT AND SELF HELP SKILLS

	Date:	C.A.	Date:	C.A.
	Age Level*	Comments	Age Level*	Comments
1. Hand Use				
2. Feeding				
3. Dressing				
4. Grooming				
5. Pre-Writing				
6. Toileting				
Overall Functional Level				

*Based on Motor Development Test

INDIVIDUAL PUPIL PROFILE Name _____

VI. SOCIAL – EMOTIONAL DEVELOPMENT

(Scores refer to CMHC scale ranging from 0[low] through 10[high])

	Date:	C.A.:	Date:	C.A.:
TEST AREA	SCORE	COMMENTS	SCORE	COMMENTS
ADAPTIVE BEHAVIOR				
1. Socialization				
2. Emotional Tone and Stability				
3. Ego Function				
4. Attention				
TOTAL SCORE				
MALADAPTIVE BEHAVIOR				
1. Violent and/or Destructive				
2. Anti-Social and/or Rebellious				
3. Withdrawal				
4. Stereotyped and/or Inappropriate				
TOTAL SCORE				

SUMMARY	DATE:	SUMMARY	DATE:

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INDIVIDUAL PUPIL PROFILE Name _____

CMHC SCALE – ADAPTIVE BEHAVIOR
(Check all which apply)

I. SOCIALIZATION

Date:		Date:		
Rarely (1 pt.)	Generally (2 pts.)	Rarely (1 pt.)	Generally (2 pts.)	
0	0	0	0	1. Watches and is aware of others.
0	0	0	0	2. "Parallel" plays with other children.
0	0	0	0	3. Spontaneously plays or works with one or more child.
0	0	0	0	4. Plays or works cooperatively in organized class activity.
0	0	0	0	5. Is willing to share, take turns, etc.
0	0	0	0	6. Is willing to help when asked.
0	0	0	0	7. Voluntarily offers assistance or does things for others.
0	0	0	0	8. Appears at ease with and friendly towards unfamiliar children and adults.
0	0	0	0	9. Seems aware of and considerate of others' feelings.
0	0	0	0	10. Tries to understand others and is empathetic.

(Score – ½ total number of points)

II. EMOTIONAL TONE AND STABILITY

Date:		Date:		
Rarely (1 pt.)	Generally (2 pts.)	Rarely (1 pt.)	Generally (2 pts.)	
0	0	0	0	1. Affect appropriate to environmental situation.
0	0	0	0	2. Free of undue mood fluctuations.
0	0	0	0	3. Positive affect (appears cheerful and pleasant).
0	0	0	0	4. Recovers quickly from disappointment or failure.
0	0	0	0	5. Evidences appropriate warmth and responsiveness.

(Score – total number of points)

INDIVIDUAL PUPIL PROFILE

Name _____

ADAPTIVE BEHAVIOR
(Check all which apply)

III. EGO FUNCTION

Date:		Date:		
Rarely (1 pt.)	Generally (2 pts.)	Rarely (1 pt.)	Generally (2 pts.)	
0	0	0	0	1. Accepts limits.
0	0	0	0	2. Is able to accept delays in gratification.
0	0	0	0	3. Is able to enjoy himself and "have fun."
0	0	0	0	4. Takes initiative in planning own time and activities.
0	0	0	0	5. Concentrates on a task and perseveres in face of difficulties.
0	0	0	0	6. Can continue to function in stress situations.
0	0	0	0	7. Channels or expresses anger or aggression constructively.
0	0	0	0	8. Able to assert self and take initiative in a group situation.
0	0	0	0	9. Shows ability in social situations to see relationship between own behavior and consequences.
0	0	0	0	10. Other (e.g., age-appropriate behavior, realistic goals, creativity, sense of humor, ingenuity, etc.).

(Score – ½ total number of points)

IV. ATTENTION
Check the highest that applies:

Date	Date	
0	0	0. Extremely hyperactive and distractible; can focus only momentarily.
0	0	1. Extremely hyperactive and distractible, but can be task-oriented up to 5 minutes with supervision.
0	0	2. Hyperactive and distractible, but can briefly (up to 5 minutes) sustain focus without supervision.
0	0	3. Can be goal-directed with supervision up to 15 minutes.
0	0	4. Can be goal-directed without supervision up to 15 minutes.
0	0	5. Can sustain goal-directed activity until completion of task (over ½ hour) with minimal supervision.

(Score – 2X item number)

INDIVIDUAL PUPIL PROFILE Name_____

CMHC – MALADAPTIVE BEHAVIOR
(Check all that apply; note specific behavior)

I. VIOLENT/DESTRUCTIVE BEHAVIOR

Date: Rarely (1 pt.)	Date: Generally (2 pts.)	Date: Rarely (1 pt.)	Date: Generally (2 pts.)	
0	0	0	0	1. Aggressive towards others; mild, (e.g., pushes, slaps, hits, etc.)
0	0	0	0	2. Aggressive towards others; severe (e.g., kicking, biting, scratching, using object as weapon, etc.).
0	0	0	0	3. Aggression object-directed, (e.g., throws things around room, breaks toys, rips clothes, etc.).
0	0	0	0	4. Verbally aggressive behavior, (e.g., screams, yells, curses, threatens, etc.).
0	0	0	0	5. Other (e.g., temper tantrums, etc.).

(Score – total number of points)

II. ANTI-SOCIAL and/or REBELLIOUS BEHAVIOR

Date: Rarely (1 pt.)	Date: Generally (2 pts.)	Date: Rarely (1 pt.)	Date: Generally (2 pts.)	
0	0	0	0	1. Physically or verbally interferes with others' activities (e.g., knocks over their work, disrupts group, grabs material, interrupts, etc.).
0	0	0	0	2. Verbally destructive or antagonistic (e.g., teases, mocks, mimics, provokes).
0	0	0	0	3. Resists school rules and/or routines (e.g., cannot wait turn, doesn't help clean up, refuses to participate, etc.).
0	0	0	0	4. "Uses people" (e.g., manipulates others, demands service, bosses, wants own way, etc.).
0	0	0	0	5. Other (e.g., runs out of room, steals, lies, etc.)

(Score – total number of points)

III. WITHDRAWAL

Date: Rarely (1 pt.)	Date: Generally (2 pts.)	Date: Rarely (1 pt.)	Date: Generally (2 pts.)	
0	0	0	0	1. Self-absorbed (seems unaware of surroundings, absorbed in fantasy, finger-play, etc.)
0	0	0	0	2. Unresponsive (apathetic, difficult to contact, shows little preference for one child or adult over another)
0	0	0	0	3. Prefers solitary activity
0	0	0	0	4. Isolated or incapable in social situations - lacks social skills
0	0	0	0	5. Shy, frightened, or withdrawn with strangers or in unfamiliar surroundings, etc.

(Score – total number of points)

INDIVIDUAL PUPIL PROFILE

Name _____

CMHC SCALE – MALADAPTIVE BEHAVIOR
(Check all that apply; note specific behavior)

IV. STEREOTYPED and/or INAPPROPRIATE BEHAVIOR

Date:		Date:		
Rarely (1 pt.)	Generally (2 pts.)	Rarely (1 pt.)	Generally (2 pts.)	
0	0	0	0	1. Inappropriate expression of affection (e.g., squeezing, touching, hanging onto others, etc.)
0	0	0	0	2. Giggling or laughing inappropriately or repeated stereotyped noises, etc.
0	0	0	0	3. Stereotyped physical mannerisms and posturing (e.g., rocking, head-banging, shaking or waving hands, etc.).
0	0	0	0	4. Self-injurious stereotyped mannerisms (scratches, bites self, hits self, hair-pulling, etc.)
0	0	0	0	5. Inappropriate sensory exploration (e.g., smelling, mouthing, stroking, etc.).
0	0	0	0	6. Inappropriate behavior in terms of age expectancies (e.g., excessive crying or infantilism, inappropriate social behavior, etc.).
0	0	0	0	7. Wanders away from group or out of room (e.g., seems to lose focus and wander aimlessly, etc.).
0	0	0	0	8. Appears to be responding to imaginary stimuli (e.g., talking or listening to an imaginary character, etc.)
0	0	0	0	9. Excessive fluidity or rigidity in thought processes (e.g., perseverates or dwells on an idea or exhibits a looseness of association, etc.).
0	0	0	0	10. Other (e.g., masturbation, taking off clothing, sudden shrieking, wetting, soiling, etc.).

(Score – ½ total number of points)

TEACHER COMMENT

DATE _____

DATE _____

LITHO IN U.S.A.

THE INDIVIDUAL PUPIL PROFILE MANUAL

Constructed by

ANNE POTTER

STEVEN BERMAN

Published by

CENTER for MULTIPLE-HANDICAPPED CHILDREN

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THE INDIVIDUAL PUPIL PROFILE

The Individual Pupil Profile grew out of the need for evaluating and charting the progress of the unique population at The Center for Multiple-Handicapped Children. This school is operated under the auspices of the Division of Special Education and Pupil Personnel Services of the N.Y.C. Board of Education. It was established to serve the needs of those children whose multiple disabilities made them ineligible for existing special educational facilities. The Center focuses upon diagnosis, education and habilitation.

The children in this facility present almost the entire gamut of disabilities for which special education has been developed. The population includes children from three through eighteen years of age with a wide range of intellectual functioning from severely retarded through superior, and multiple physical, intellectual and emotional disabilities. There are children with orthopedic handicaps, including almost total functional disability, as in severe cerebral palsy and muscular dystrophy. Many of the children have hearing and language disorders. There are also children with visual deficits, neurological dysfunction and many with severe emotional problems.

While many instruments and methods for evaluating handicapped children have already been developed, the diversity, range and combination of disabilities at the Center called for a unique instrument for assessing functional levels, setting goals and charting progress. It was for this specific purpose that we set about constructing the Individual Pupil Profile.

While it was designed for assessing children in special educational facilities, it was also planned for wider use with children in regular schools or in institutional settings.

In planning the profile, we attempted to define the major functional areas brought into play in a child's daily life. In this context we delineated the following categories:

I Intellectual Functioning
II Academic Achievement
III Perceptual-Motor Skills
IV Physical Functioning and Self-Help Skills
V Communication
VI Social-Emotional Development

The aim was to present, under one cover, as comprehensive a picture as possible; one in which all the personnel involved with the child could contribute their findings. We were also interested in presenting the data in such a way that even qualitative observations could be translated into quantitative form, thus making it possible to chart a child's progress more precisely.

In exploring the tests and scales already in use, we found them either too limited in range, too selectively focused, or inappropriate for our population. For example, we could not administer a standard achievement test to a child who could not manipulate a pencil, a child who could not hear the instructions or a child who could not respond verbally.

Therefore, building on already existing studies*, and by consulting area specialists, we devised our own rating scales in areas where we felt that existing measures did not meet our needs. Specifically we constructed scales to assess Achievement, Communication and Social-Emotional Development. For the areas of Intellectual Functioning, Perceptual-Motor Skills and Physical Functioning, we were able to modify pre-existing tests and incorporate them into our overall structure.

The construction of the scales was approached with the aim of formulating a developmental series of graduated skills based on readily observable behavior. In doing so, we started from a point where the child had no observable ability in an area and worked upward, by progressive units of achievement. All scales were constructed to range from a base of zero to a high of ten.

The Achievement Scales consist of 1) Reading, 2) Writing, 3) Number Concept, and 4) Time Concept. These scales start with no ability in the specific area, e.g., "no concept of time," and extend upward through what is usually considered middle to upper second grade level, e.g., "Tells time up to 1/2 hr. units." An attempt was made to make the steps between intervals approximately equal. The cut-off point of middle to upper second grade was decided upon since it was felt that beyond this level of achievement, assessment could be made with existing materials.

*See bibliography

The Communication Scales are designed to assess Receptive Language, Expressive Language and Mechanics of Speech. The Expressive and the Receptive Language areas were, in turn, divided into Non-Verbal and Verbal components, thus making it possible to rate communication skills in any child, even though he may be totally without speech or hearing or even unable to use his hands. Again the scales base at no ability in the area, e.g., "no verbal comprehension" and progress in normal developmental sequence. Here, however, the scales reach average functional ability relative to age-expectancy. The section on Mechanics of Speech follows the form in general use by speech-therapists and is comprised of Intelligibility, Voice, Articulation and Rhythm. Of these only intelligibility is scaled, while the other factors are described qualitatively.

The section on Physical-Functioning and Self-Help Skills is divided into two main areas:

I Physical Functional Status
II Motor Development and Self-Help Skills

It was devised in accordance with standards of evaluation used by physical and occupational therapists. Under Physical Functional Status is included 1) Gross-Motor Skills (Ambulatory activities), 2) Range of Motion, and 3) Muscle Strength. The Motor Development Section uses a standardized instrument which rates self-help skills in terms of age levels.

The Social-Emotional Scales are divided into two main sections: Adaptive Behavior and Maladaptive Behavior. Each of these, in turn, is divided into four components: Adaptive Behavior into 1) Socialization, 2) Emotional Tone and Stability, 3) Ego-Function, and 4) Attention. Maladaptive Behavior into 1) Violent and/or Destructive, 2) Anti-Social and/or Rebellious, 3) Withdrawal, and 4) Stereotyped and/or Inappropriate.

These scales presented a different problem from those on Achievement or Communication. Social and emotional adjustment does not lend itself so readily to developmental gradients; and for the section on Maladaptive Behavior, developmental gradients would be inappropriate. We did, however, construct the scales to maintain the convention of scoring from a low of zero to a high of ten, and, as far as possible, the descriptive items were arranged in progressive steps.

All the scales are in descriptive terms and easily understandable so that a teacher can use them effectively on her own. However, where supportive personnel is available, it is preferable if some of the scales be filled out collaboratively. The Communication Scale is best filled out in conjunction with a speech therapist, and the Social-Emotional Scales done jointly with a social worker and/or psychologist.

As mentioned previously, we were able to incorporate pre-existing tests into our overall structure for the areas of Intellectual Functioning, Perceptual Motor Skills, and Physical Functioning. The sections on Intellectual Functioning and Perceptual-Motor Skills would usually be contributed by a psychologist who can administer appropriate individual tests. Additional contributions should be made by the teacher, occupational therapist, or other personnel. The section on Physical Functioning and Self-Help Skills was designed specifically for use by physical and occupational therapists but, if necessary, can also be used descriptively by teachers. (For more detailed descriptions of the scales and their use, see Appendix A and B.)

In designing this Instrument, it was our intent that it serve three major functions:

1. That the preparation and use of the Profile, in itself, help to focus each professional involved on the specifics of the child's behavior and function.

2. That the Profile encourage group thinking and lead to a comprehensive diagnostic picture.

3. That the Profile establish current levels of functioning and lend itself to both ongoing assessment of progress and to prescriptive teaching.

After three years of use at the CMHC and on-going revision and refinement, we have found that the instrument does, in fact, serve these purposes. Teachers, in particular, have found the scales helpful in focusing attention on the specifics of behavior rather than on generalizations, e.g., "Johnnie resists participation in the group and prefers solitary activities," rather than "He is a difficult, stubborn child."

In staff-conferences on individual children, the Profile serves as the initial structure from which to proceed. The various disciplines contribute their findings and the resultant group-process yields a comprehensive picture of the child's strengths and weaknesses from which future educational planning evolves. To complete the process, a summary sheet is used to integrate the findings of the various disciplines, and to provide diagnostic and prescriptive statements. Thus we feel that the IPP has dual value both in the process of preparation and as a comprehensive evaluative report.

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Appendix B - Achievement Scales - Corresponding age & grade levels B 1-4

* The profile has been color-coded according to functional area for ease of identification and handling.

IDENTIFYING DATA — Profile P.1

The Individual Pupil Profile was initially developed with a view towards the multiply handicapped child. The diagnostic data in this section although primarily medical is derived from an initial multi-disciplinary conference.

In the course of working with a child, there is frequently a change in the diagnostic picture and space is therefore provided for reassessment.

Schools, agencies or institutions might find it desirable to modify this section according to their own needs.

SUMMARY SHEET — Profile P.2

The summary sheet is placed at the beginning of the profile for easy access. It is intended to present a comprehensive, diagnostic and descriptive statement on the child. There is also a section to record pertinent Family History and the Current Home Situation since these are clearly relevant to a child's school adjustment. (In most settings this latter section will be contributed by the social worker.) The summary can be contributed by the psychologist, social worker or whomever else the school designates.

RECOMMENDATIONS — Profile P.3

In this section space is provided for program recommendations in the six major areas of focus. It is intended to be used as a vehicle for recording the results of a staff planning conference regarding an individual child.

Here all staff involved with the child may contribute their thinking and jointly arrive at a prescriptive plan. There is an adjacent section for progress notes in each area, in which effected changes and further plans may be described.

At the bottom of the page recommendations may be made as to changes in class or school placement.

INTELLECTUAL FUNCTIONING — Profile P.4

The section on Intellectual Functioning is used for reporting the results of standardized intelligence tests administered by a psychologist.

Sufficient space is provided to record the results of repeated evaluations for comparative purposes. It also is intended that descriptive data, as well as test scores, will be recorded. In addition, there is space provided for recording the results of prior testing.

Appendix 3

PERCEPTUAL MOTOR SKILLS — Profile P.5

This section is used for recording the assessment of visual-motor functioning. We specified the Bender-Gestalt* as the test of choice since it is the measure in most common use and can be scored quantitatively (using the Koppitz method**) as well as yielding rich qualitative data.

As an alternative measure, we specified the Geometric Designs subtest from the WPPSI*** for those children who may be either too young or who evidence such extreme difficulty in visual-motor functioning as to be below scorable level on the Bender. The child's performance is noted in terms of functional age-level rather than standard score which enables the WPSSI to be used even when the child is above 7 years of age.

* Bender, Lauretta. Bender Motor Gestalt Test. American Orthopsychiatric Association Inc., 1946.

** Koppitz, Elizabeth M. The Bender Gestalt Test for Young Children. New York: Grune & Stratton, 1964.

*** Wechsler, David. Wechsler Preschool & Primary Scale of Intelligence. New York: The Psychological Corp., 1963.

These two tests should be administered by the psychologist; however, in this section, the teacher, the occupational therapist and any other appropriate personnel may add pertinent data and their own descriptive comment.

SUPPLEMENTARY PSYCHOLOGICAL TESTS Profile P.5

This section is used for recording the results of diagnostic testing not covered in the previous sections, for example: projective tests, more refined diagnostic assessment of language disability, diagnostic reading tests, etc.

ACHIEVEMENT DATA SHEET Profile P.6

The Achievement section is used to record the results of both standardized achievement tests and the CMHC scales. The Wide Range Achievement Test* was designated as the preferred standardized measure since it is applicable to a diverse population, is designed to start at a pre-kindergarten level, and is easily administered. However, it is expected that other standardized tests may also be used and space is provided for recording results. The page has been organized to provide for recording the results of repeated evaluations for comparative purposes.

ACHIEVEMENT SCALES Profile Pp. 7 & 8

The CMHC Achievement Scales are divided into four major areas: 1) Writing, 2) Reading, 3) Number Concept, 4) Time Concept.

Each scale is composed of ten steps ranging from a low of zero (no observable ability in the area) to a high of ten (approximately middle to high second grade level). They are constructed in a developmental series of graduated skills based on readily observable behavior and an attempt was made to keep the developmental intervals between steps approximately equal. (For age and grade levels corresponding to achievement scale steps, see Appendix B.)

The teacher is responsible for these scales and rates a child by checking all steps which the child has mastered. The score for each section is derived from the total number of items checked and is reported on the Achievement Data Sheet (page 6) with an appropriate comment.

The Scales are set up so that they may be used for four successive evaluations, allowing for a quick visual assessment of progress.

COMMUNICATION DATA SHEET Profile P.9

The Communication section is designed to assess Receptive Language, Expressive Language and Mechanics of Speech. Receptive and Expressive Language are, in turn, broken down into Non-Verbal and Verbal components. Each has a corresponding scale. The scores from these scales are recorded on the Communication Data Sheet which is divided into two sections to allow for an initial assessment and a re-evaluation. The summary statement at the bottom of the page is for the purpose of pulling together the data and formulating an individualized language program.

The non-verbal scales should be omitted if the child communicates verbally. (Originally, we had included both verbal and non-verbal scales for all children, but found that the results were misleading since the verbal child does not have the need to develop non-verbal modes of communication. Resulting low scores in these areas, therefore, did not reflect the level of overall language development.)

The section on Mechanics of Speech is comprised of Intelligibility, Voice, Articulation, and Rhythm. Of these only intelligibility has a corresponding scale, while the others are handled by descriptive comment.

The Communication section was designed primarily for use by a speech therapist. If a speech therapist is not involved with a child, the teacher can rate the child on the scales and add descriptive comments on the other items.

* Jastak, J.F. & Jastak, S.R. The Wide Range Achievement Test. Wilmington, Dela.: Guidance Associates, 1965.

COMMUNICATION SCALES — Profile Pp. 10 & 11

There are five Communication Scales: 1) Receptive Language-Non-Verbal, 2) Receptive Language-Verbal, 3) Expressive Language-Non-Verbal, 4) Expressive Language-Verbal, and 5) Intelligibility.

Each scale is designed so that the scores range from a low of zero, representing no observable ability in the area, to a high of ten which represents average functional ability relative to age expectancy.

As mentioned previously, the scales were designed for use by a speech therapist but can, without difficulty, be used by other school personnel. The score for each section is derived from the highest item checked (in the five point scales the rating checked is multiplied by two). Results are recorded on the Communication Data Sheet (page 9) with an appropriate comment.

The scales are arranged so that they may be used over four successive evaluations, allowing for a quick visual assessment of progress. Ordinarily only the initial and the final assessment would be transferred to the Data Sheet. (e.g. - final assessment before graduation or transfer to another facility.)

The scales, with the exception of intelligibility, are constructed in a developmental series of graduated skills based on readily observable language function. Intelligibility is rated in terms of comprehensibility and articulation.

Appendix 7

PHYSICAL FUNCTIONING AND SELF-HELP SKILLS — Profile P. 12

This section was devised in accordance with standards of evaluation in use by physical and occupational therapists and is primarily intended for their use. It is divided into two main areas: I. Physical Functional Status, and II. Motor-Development and Self-Help Skills. Under Physical Functional Status is included 1. Gross-Motor Skills, 2. Range of Motion, and 3. Muscle Strength.

Gross-Motor Skills includes 1. Mat Activities, 2. Wheelchair Activities, and 3. Ambulation Status.

The section on Motor-Development and Self-Help Skills is based on a standard test, The Motor-Development Test, in common use by occupational therapists. It yields scores in terms of age norms in areas listed on the Profile, and, in addition, yields an over-all functional age-level. As in other areas of the Profile, there is space provided for two successive evaluations.

This section of the Profile was devised primarily for physically handicapped children where medical personnel were expected to be involved in evaluations. However, it can also be of use in settings where medical personnel cannot be directly involved or with children who are not primarily physically handicapped.

For example, if a teacher fills out this section of the Profile, no quantitative scores would be used, but the teacher could make descriptive comments under many sections.* For example, under Ambulation Status, she might note whether the child had a normal gait or walked with a limp, also whether or not the child had difficulty running, could jump, etc. Similarly, under Self-Help Skills, the teacher could note whether a child was able to put on and zip up his own jacket, feed himself, etc. Thus, while not being scorable, this section could still be used for both noting areas where the child needs help and for charting the child's progress qualitatively.

SOCIAL-EMOTIONAL DEVELOPMENT - DATA SHEET — Profile P. 13

This section, reflecting social adaptation and emotional adjustment within the school setting, is comprised of Adaptive Behavior and Maladaptive Behavior. Each of these is, in turn, broken down into four aspects, under Adaptive Behavior is presented 1) Socialization, 2) Emotional Tone and Stability, 3) Ego-Function, 4) Attention. Under Maladaptive Behavior is 1) Violent and/or Destructive, 2) Anti-Social and/or Rebellious, 3) Withdrawal, 4) Stereo-typed and/or Inappropriate.

* The sections on Range of Motion and Muscle Strength can only be filled out by medical personnel and would be left blank if no medical personnel are available.

Each of the subsections has a corresponding scale, the scores from which are recorded on the Social-Emotional Data Sheet. A total score is obtained for both Adaptive and Maladaptive Behavior which helps give an overall indication of adaption and can be used for comparative purposes to chart progress. As in the previous areas, the Data Sheet is divided into two sections to allow for an initial assessment and a re-evaluation.

The summary statement at the bottom of the page is for the purpose of pulling together both the qualitative and quantitative data to present a comprehensive picture of the child's adjustment and to note areas of strength and weakness, where help is needed, etc. In settings where clinical personnel is available, they might be expected to be responsible for formulating this summary.

SOCIAL-EMOTIONAL SCALES — Profile Pp. 14-17

There are four scales for Adaptive Behavior: 1) Socialization, 2) Emotional Tone and Stability, 3) Ego-Function, 4) Attention. The four scales for Maladaptive Behavior are: 1) Violent/Destructive, 2) Anti-Social and Rebellious, 3) Withdrawal, 4) Stereotyped and Inappropriate.

In constructing these scales it was clear that adjustment did not readily lend itself to developmental gradients, especially in the assessment of maladaptive or inappropriate behavior. However, we did maintain our convention of scoring from a low of zero to a high of 10, and, as far as possible, attempt to arrange the descriptive items in progressive steps.

In selecting areas to be covered and choosing specific behavior to be rated, we developed a framework by which teachers or other personnel could reflect a comprehensive picture of the child through recording readily observable behavior rather than through generalizations.

All items which apply within each scale are checked. They are weighted according to their frequency of occurrence, "Rarely" yielding one point, "Usually" yielding two points. (If a specific behavior is not observed the item is not checked.) The scales are composed of either five or ten items. When there are ten items the total score is obtained by dividing the total number of points earned by two. When there are only five items the total score is equal to the total number of points earned. "Attention" differs from the other scales in that it can be rated progressively. Therefore, only the highest item applicable is checked. This scale ranges from a low of zero, representing no ability to sustain focus, to a high of ten which represents sustained goal-directed activity. As there are only five steps, the scaled score is two times the item number checked.

The scales are set up so that they may be used for two successive evaluations facilitating assessment of progress. The scores are then entered on the social-emotional data sheet.

At the end of these scales there is room for Teacher's Comment. Here a teacher might sum up his impressions of a child and note specific recommendations, etc. This is not intended as a substitute for the more comprehensive summary statement on the data sheet. The comments made often supplement and enrich the scaled information. It is also useful for teachers to jot down specifics of behavior next to the particular items checked on the scales.

APPENDIX B

ACHIEVEMENT SCALES — CORRESPONDING AGE AND GRADE LEVELS

In developing the Achievement Scales, we attempted, as far as possible, to have the graduated steps within the Scales correspond to progressive age and grade norms. To establish these norms we consulted a variety of source material. We also conferred with teachers who are actively engaged in early childhood education. Among other resource material we used developmental studies such as those conducted by Gessell and by Catell and standardized early childhood tests such as the Merrill-Palmer, the Stanford-Binet and the Wide-Range-Achievement Tests.*

WRITING

Step		Age	Grade
0.	No ability to hold pencil or crayon	—	—
1.	Scribbles	1½-2 yrs.	—
2.	Can copy vertical line or circle	3-3½ yrs.	—
3.	Can copy two letters	4-4½ yrs.	Pre-Kg.
4.	Can copy name	5-5½ yrs.	Early Kg.
5.	Recognizably writes first name (Correct spelling - without model)	5½-6 yrs.	High Kg.-Beginning 1st
6.	Can copy short words	6 yrs.	Early 1st
7.	Writes at least three words (Correct spelling - without model)	6½ yrs.	Middle 1st
8.	Writes at least ten words / (Correct spelling - without model)	6½-7 yrs.	Middle to upper 1st
9.	Meaningfully combines two or more words	7-7½ yrs.	Early to middle 2nd
10.	Writes two or more related sentences	7½-8 yrs.	Middle to upper 2nd

* For a complete list of source material, see Bibliography

READING

Step		Age	Grade
0.	Cannot recognize or identify simple concrete pictures (e.g., boy, house, etc.)	—	—
1.	Can recognize and identify simple concrete pictures (e.g., boy, house, etc.)	2-2½	—
2.	Able to interpret simple action in pictures	3-3½	—
3.	Matches basic shapes	4-4½	Pre-Kg.
4.	Matches letters	5-5½	Early Kg.
5.	Matches short words	5½-6	High Kg.-Beginning 1st
6.	Names at least 10 letters	6	Early 1st
7.	Can identify 10 or more words	6½	Middle 1st
8.	Reads primer stories	6½-7	Middle to upper 1st
9.	Has a sight vocabulary of at least 25 words	7-7½	Early to middle 2nd
10.	Reads books middle to upper 2nd grade level	7½-8	Middle to upper 2nd

NUMBER CONCEPT

Step		Age	Grade
0.	No number concept	—	—
1.	Has concept of one (gives just one block on request)	2½-3	—
2.	Conceptualizes big and little in comparisons	3-3½	—
3.	Conceptualizes more versus less in comparisons	3½-4	—
4.	Counts two objects (hands two blocks on request)	4-4½	Pre-Kg.
5.	Counts five objects	4½-5	Pre-Kg. to Kg.
6.	Mentally adds one to a number up to 5	5½-6	High Kg.-Beginning 1st
7.	Knows number facts in addition through 5	6-6½	Early to middle 1st
8.	Knows number facts in subtraction through 5	6½-7	Middle to upper 1st
9.	Knows number facts to ten in simple addition and subtraction	7-7½	Early to middle 2nd
10.	Beginning concept of multiplication	7½-8	Middle to upper 2nd

TIME CONCEPT

Step		Age	Grade
0.	No concept of time	—	—
1.	Conceptualizes now versus later	2-2½	—
2.	Understands concept of day and night	2½-3	—
3.	Can tell how old he is (in years)	3½-4	—
4.	Conceptualizes today, tomorrow and yesterday	4-4½	Pre-Kg.
5.	Recognizes daily school routines	4½-5	Pre-Kg. to Kg.
6.	Differentiates week-days from week-ends	5-5½	Early-Kg. to middle-Kg.
7.	Names days of the week in order (by rote)	6-6½	Early to middle 1st
8.	Tells time in hour units	6½-7	Upper 1st
9.	Associates hours of the day with specific activities	7-7½	Early to middle 2nd
10.	Knows cycle of the week (i.e., which day follows and precedes which)	7½-8	Middle to upper 2nd

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